



Georgia Department of Human Resources Inter-state Travel Request

From	To	Return to		
Meeting (if any) to be attended	Type of Meeting		Affiliation	
Purpose of Trip (give reason to justify trip)		Meeting to:	Time	Date
		Begin		
		End		
The cost of this proposed travel will be:				
Common Carrier - round trip, tax free:				
Other Travel* (Specify)				
Subsistence Costs (at destination point)				
		TOTAL	\$ -	
Signature of Applicant		Name		
		Title		
		Organizational Unit		
Signature of Supervisor (where applicable)				
Signature of Unit Director				
Signature of Section Director				
Organization Number	Approved by:			
	Office or Division Director			

* If travel by private conveyance is requested, attach a comparative statement of costs for both common carrier and private auto including additional subsistence en route and statement as to whether or not this method of transportation will be advantageous to the State.

NOTE: SUFFICIENT COPIES OF THIS APPROVAL SHOULD BE MADE IN ORDER THAT BOTH THE INDIVIDUAL'S TRAVEL EXPENSE STATEMENT AND ANY REQUEST FOR AIRLINE TICKET/CAR RENTAL USAGE, CARRY THIS AUTHORIZATION WHEN SUBMITTED TO THE OFFICE OF FINANCIAL SERVICES.